

Any prenuptial agreement for this marriage? \_\_\_\_\_

For other marriages? \_\_\_\_\_

Are you living separately? Y/N As of when? \_\_\_\_\_

Do you have a formal separation agreement? Y/N Date of Agreement \_\_\_\_\_

Has a divorce motion been filed at any time in this marriage? Y/N By whom? \_\_\_\_\_

Date of filing \_\_\_\_\_

Number of times previously married:

**You** Dates of Prior Marriage \_\_\_\_\_

**Spouse** Dates of Prior Marriage \_\_\_\_\_

Prior Marriages ended due to (circle one): 1. death divorce annulled  
2. death divorce annulled

### Information About Children

Number of children of this marriage \_\_\_\_\_

**1.** Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Resides with \_\_\_\_\_

**2.** Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Resides with \_\_\_\_\_

**3.** Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Resides with \_\_\_\_\_

**4.** Name of Child \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Resides with \_\_\_\_\_

*If there are additional children, please put information on the back.*

Number of children from previous marriages (1) \_\_\_\_\_

(2) \_\_\_\_\_

1. Name of Child \_\_\_\_\_ M/F Age \_\_\_\_\_

Resides with \_\_\_\_\_

Do you or your spouse have financial responsibility for this child? Y/N      Amount of contribution \_\_\_\_\_

2. Name of Child \_\_\_\_\_ M/F Age \_\_\_\_\_ Resides with \_\_\_\_\_

3. Name of Child \_\_\_\_\_ M/F Age \_\_\_\_\_ Resides with \_\_\_\_\_

Are there any specific health/educational/mental health requirements for any of these children? Y/N

Who? \_\_\_\_\_

What is the specific condition? \_\_\_\_\_ What is required? \_\_\_\_\_

### **Personal History**

Have you ever had any physical or mental illness, significant health problem or serious accidents that have affected you for an extended period of time? If so, please list and indicate current status.

\_\_\_\_\_  
\_\_\_\_\_

Your health in childhood was generally: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

At present your health is generally: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

How long ago was your last physical? \_\_\_\_\_

Are you concerned about your own drug/alcohol use or that of your spouse? Y/N      If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

List all drugs you are taking ( including vitamins, aspirin, sleeping pills, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are you currently in any type of therapy or counseling? Y/N      If so, what?

\_\_\_\_\_  
With whom? \_\_\_\_\_ Since when? \_\_\_\_\_

During this marriage, have you previously been in couple's, family or individual counseling? Y/N

If yes, what type? \_\_\_\_\_

With whom? \_\_\_\_\_ For how long? \_\_\_\_\_

## Financial Information

What is your approximate total gross income? \_\_\_\_\_ Net income? \_\_\_\_\_

What is your spouse's approximate total gross income? \_\_\_\_\_ Net income? \_\_\_\_\_

What is the approximate total monthly expense if living together? \_\_\_\_\_

If living apart? \_\_\_\_\_

Have there been any changes in income in the last two years? Y/N Please explain

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Please check all that you or your spouse own individually (I) or jointly (J):

___ House	I/J	___ Savings	I/J
___ Other Property	I/J	___ Stocks	I/J
___ Pension	I/J	___ Bonds	I/J
___ TDSP/Annuity	I/J	___ Life Insurance	I/J
___ IRA	I/J	___ Business	I/J
___ 401 K	I/J	___ Checking	I/J
___ Cars	I/J	___ Boats	I/J
___ Planes	I/J	___ Other	I/J

## Collaborative Divorce

What fears do you have for you and your children about the divorce?

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What fears do you have about the collaborative divorce process as a way to reach the divorce?

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## Major Life Events or Changes

within the last two years or expected in the next two years. Check all that apply:

Started school or training program \_\_\_\_\_ Pregnancy, wanted/not wanted \_\_\_\_\_

Graduated from school/program \_\_\_\_\_ Miscarriage \_\_\_\_\_

Changed job \_\_\_\_\_ Fertility problems \_\_\_\_\_

Lost job \_\_\_\_\_ Changes in childcare, what? \_\_\_\_\_

Moved residence \_\_\_\_\_ Children had trouble in school, what? \_\_\_\_\_

Financial troubles \_\_\_\_\_ Onset of menopause \_\_\_\_\_  
Increase in financial responsibilities \_\_\_\_\_ Midlife crisis, what? \_\_\_\_\_  
Legal problems \_\_\_\_\_ Victim of a crime \_\_\_\_\_  
Separation/divorce of friend/relative \_\_\_\_\_ Undertaken a major new expense \_\_\_\_\_  
Health problem (self, spouse, child) \_\_\_\_\_ Natural disaster \_\_\_\_\_  
Death of a close friend. who? \_\_\_\_\_ Child left for college \_\_\_\_\_  
Death of family member, who? \_\_\_\_\_ Child marrying \_\_\_\_\_  
Began treatment for drug/drink problem \_\_\_\_\_  
Grandchild born \_\_\_\_\_  
Began psychotherapy \_\_\_\_\_ Other, please explain \_\_\_\_\_  
Began new medication \_\_\_\_\_ Significant weight gain/loss \_\_\_\_\_  
Nanny or someone joined household, who? \_\_\_\_\_  
Death of household pet \_\_\_\_\_

**Brief Statement of Marital History and Difficulties:**